

fractured from its upper end at its posterior surface downwards and forwards into the centre of the sigmoid notch. The fragment had been driven downwards and forwards so as to narrow the notch and mechanically prevent reduction of the humerus into the sigmoid cavity thus contracted.—*Brit. Med. Jour.*, March 17, 1888.

C. B. KEETLEY (London).

III. The Treatment of Club-Foot by Immediate Restoration of the Parts to their Normal Position after Tenotomy. By W. J. WALSHAM, F.R.C.S. (London). Discussion has lately taken place in the *Lancet* as to the best and safest method to be used in the cases of talipes; and Mr. Walsham, as surgeon to the orthopædic department at St. Bartholomew's Hospital, gives his experience. He originally employed the slow method, but was dissatisfied with the delay and difficulty in obtaining the expensive apparatus necessary for this method. By slow degrees he reduced the foot to a greater extent after the operation, and meeting with no untoward results, finally reduced the deformity immediately. His method is to divide the tendon; break down any adhesions by forcible but gentle wrenchings; close the puncture with a dossil of lint soaked in carbolic oil or iodoform gauze; carefully enclose the foot in a domett or cotton wool bandage according to the age of the patient, and secure it in Plaster-of-Paris. The plaster is left on for ten days or a fortnight unless any special reason is seen for removing it earlier. He claims for this operation the following advantages over the slow method. (1) Great saving of time, (2) the doing away with the necessity of an expensive extension apparatus. The disadvantages attending the rapid, but not applying to the immediate method are. (1) Considerable pain is often caused by the force which has to be employed in stretching the uniting material at each changing of the plaster, and (2) that in severe cases the reparative material cannot always be stretched sufficiently to overcome the deformity, and it is occasionally necessary to divide the tendon.—*Lancet*, May 19, 1888.

H. H. TAYLOR (London).

IV. Drainage of Joints Versus Excision. By BENJ. WAIN-

WRIGHT, F.R.C.S. (London) At the Clinical Society's meeting on April 27, Mr. Wainwright gave an account of a case of a boy, æt. 3 years, who suffered successively from abscesses of the left thigh and right hip, which were treated by antiseptic incision and drainage, a little carious bone being removed from the neck of the femur in the second case, and the cure in each case being complete. The child then developed a synovitis of the left knee from which Mr. Wainwright removed a quantity of synovial overgrowth by means of sharp spoon and scissors. The joint healed in good position, but became flexed after leaving the West London Hospital, and is now immovable.

Some of those who commented on the case suggested pyæmia as the cause of these successive affections, but this was thought by Mr. Wainwright to be unlikely, because the temperature never rose above 100°. He considered his result superior to that which would have been obtained by excision. The balance of opinion inclined to the view that the disease in the knee was strumous.—*Lancet*, May 5, 1888.

A. F. STREET (Westgate).

V. Arthropathy in Locomotor Ataxia. By DR. TH. WEIZSACKER, (Tuebingen.) This paper is introduced by a review of the not very extensive literature of the subject, from T. R. Mitchell in 1831 down to the discussion at the last session of the Congress of German Surgeons. In addition to three cases recorded by Bruns, one hundred and seven cases occur in the literature of the subject. The insidious and painless onset of the disease of the joint in most cases will probably explain the fact that for many years this form of joint trouble in tabes has escaped the notice of many acute observers. Many cases occur also where the symptoms of spinal sclerosis are yet slightly marked. Erb in 56 cases of tabes has found the joint affections present in only two. The affection may appear as early as the 18th or 20th year of life (Charcot, Ferré.) Of 109 cases 72 are male; the severer cases, however, occurring in women. In 109 cases 169 of the larger joints were involved, 87 joints being those of the left side of the body. In a patient of Charcot's both shoulder articulations, the right hip joint and the right maxillary articulation were affected. Bourneville